U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For CHORL USE ONLY	
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1. File Number U. 2329

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

NEW FILER

Name WILLIAM 5 MORRIS

Street 417 FIFTH AVE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/04 Through: 12/3/104

Name TEAMSTERS LOCAL 623

Labor Organization File Number N EW FILER

Street 4369 RICHMOND ST

4. Name, file number, and address of labor organization

P.O. Box, Building and Room Number, if any

City BELLMAWR	City PHILA
State NJ ZIP Code +4 08031	State PA ZIP Code + 4 19137
5. Position in labor organization.	
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclusion)	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6. Name and address of Employer (including trade name, if any).  Name TEAMSTERS LOCAL C 2 3  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  None
P.O. Box, Bldg., Room No., if any  Street 4369 RICHMOND ST  City PHILA  State PA ZIP Code + 4 / 9/37	7.b. Amount  NONE
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Signed William J. Morris on 6/27/05 215-289-0580
Telephone Number